Attorney's Docket No.: 10527-522001 / 03-257

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Martin Willard et al.

Art Unit :

Serial No.: 10/715,636

Examiner :

Theodore J. Stigell

Filed

: November 18, 2003

Confirmation No.:

4327

Title

Notice of Allowance Date: : TARGETED COOLING OF TISSUE WITHIN A BODY

MAIL STOP ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed October 22, 2007, enclosed is a completed issue fee transmittal form PTOL-85b.

Please apply \$1740 for the required issue fee and publication fee and any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: 17/13/07

Fish & Richardson P.C.

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Minneapolis, MN 55402 Telephone: (612) 335-5070 Facsimile: (612) 288-9696

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be

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		10/22/07
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/715,636	11/18/2003		Martin Willard		10527-522001	4327	
TITLE OF INVENTION: TARGETED COOLING OF TISSUE WITHIN A BODY							
APPLN. TYPE	SMALL ENTITY	ISSU	EFEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$14	140	\$300	\$1740	01/22/2008	
EVA	MINER	ART	INIT	CLASS-SUBCLASS	1		
	HEODORE J.	37		604-508000	J		
CFR 1.363). [Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [X] "Fee Address" indication (or "Fee Address" indication form agent) as		names of up agents OR, a firm (having agent) and th	viniting on the patient front page, list (1) the of up to 3 registered patient attorneys or R. Allemanively, (2) the name of a single viring as a member a registered attorney or and the names of up to 2 registered patient. If no name is listed, no name printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PILEARS NOTE (Inless an assignee is identified below, no assignee data in assignment has been previously submitted to the USPTO or is being submitted under segnate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Boston Scientific Scimed, Inc. Maple Grove, MN Maple Grove, MN							
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